

## MERGENCY DROUGHT ACTION COL

# Permit APAttion 671 (Attached) State of Washington

Application for a Water Right
Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use	
Fee Paid /	
Date 7/11/05	
seeipt# 20387	2

Section 1. APPLICANT - PERSON, OF	RGANIZATION, OR WATER SYSTEM
Name_ Golden Gate Hop Ranches, In	nc. Home Tel:(
Mailing Address P.O. Box 9009	Work Tel:( 509 453-4731
CityYakimaState_WA_Zip+4	98909 + FAX:(509) 457-4638
Section 2. CONTACT - PERSON TO C  ☐ Same as above	CALL ABOUT THE APPLICATION
Name_ Paul Signorotti	Home Tel:()
Mailing Address Same as above Sam	(atty) + FAX:( ) -
ityStateZip+4	FAX:() -
elationship to applicant Vice President	
Section 3. STATEMENT OF INTENT	
cubic feet per second) from a $\square$ surface water source f <u>irrigation of 317.7 acres</u>	structions.) NOTE: A tax parcel number or a plat number is not
	- fact
Check if the water use is proposed for a short-term	m project. Indicate the period of time that the water will be needed
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Appl. No.: 64-35036

Se	tion 5. GENERAL WATER SYSTEM INFORMATION	
A.	Name of system, if named:	
B.	Briefly describe your proposed water system. (See instructions.)	
	Well for temporary irrigation of lands serviced by Roza Irrigation District.	
C.	Do you already have any water rights or claims associated with this property or system?  PROVIDE DOCUMENTATION.	NC
	tion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)	
A.	Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, et	
B.	Are you within the area of an approved water system? (Homes, Apartment, Recreational, et	tc.) NC
	If yes, explain why you are unable to connect to the system. <i>Note: Regional water systems are identified by you County Health Department.</i>	ur
Con	plete C. and D. only if the proposed water system will have fifteen or more connections.	
C.	Do you have a current water system plan approved by the	
	Washington State Department of Health? ☐ YES ☐ Y	NC
	If yes, when was it approved? Please attach the current approved version of your plan.	
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of your plan.	NC
	tion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION	
(Co	mplete for all irrigation and agriculture uses.)	
Α.	Total number of acres to be irrigated: _317.7	
B.	List total number of acres for other specified agricultural uses:	
	Use Hon 5 Acres  Acres	
	Use Apples Acres 29% Use Notinigated this year Acres remainde	
	Use Notiniogated this year Acres remainder	
C.	Total number of acres to be covered by this application: _ 317.7	
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 200 Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;	1)
	<ul><li>‡ Acreage proposed to be irrigated under this application;</li><li>‡ Acreage proposed to be irrigated under other pending application(s).</li></ul>	
	1. Is the combined acreage greater than 6000 acres? ☐ YES ☑ N	VO
	2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ N  If yes, enter permit no:	
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below)	
	Dairy - # Milking # Non-milking	

#### Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES M NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

#### Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

I-82 East past the first Grandview exit. Take the County Line Road exit, cross back over the Interstate. Go East on McReadie to Missmer Road (approx. 3-4 miles). Turn left on Missmer.

### Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

#### Section 11. PROPERTY OWNERSHIP

Landowner for place of use (if same as applicant, write "same")

A.	Does the applicant own the land on which the water will be used?  If no, explain the applicant's interest in the place of use and provide the name(s) and a	☑ YES □ NO address(es) of the owner(s):
В.	Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:	ĭ YES □ NO
certi	fy that the information above is true and accurate to the best of my knowledge. I	understand that in order
o pro nonit	cess my application, I grant staff from the Department of Ecology access to the site oring purposes. Even though I may have been assisted in the preparation of the abyees of the Department of Ecology, all responsibility for the accuracy of the inform	e for inspection and pove application by the
	Auly 11, 2005 capt (or authorized representative)  Paul 9, 15 Date	W
Applic	ant (or authorized representative)  Line Date	

Date

We are returning your application for the	following reason(s)		
Examination fee was not enclosed			APPLICANT PLEASE RETURI TO CASHIER, PO BOX 5128,
			LACEY, WA 98509-5128
Section number(s)		is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
ncomplete			REGIONAL OFFICE
			REGIONAL OFFICE
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